

# ROUTING RECORD

DATE	FROM	TO	ACTION
DEC 2 2010	R6C	CSB	C/O
3/2/11	CSB	R6C	APPROVE C/O
MAR 9 2011	R6C	P/S	612367

REFERENCE TO OTHER APCD RECORDS INCLUDING VARIANCES

APPL # 516037

I.D. # 186073

BETA OFF SHORE

OCS LEASE PARCELS P300/P301

HUNTINGTON BEACH

~~CRUDE OIL & NAT GAS PRODUCTION~~

Elley W. Crane

Date: 11/02/10

See

See the Lead AIN 516016

D93



South Coast Air Quality Management District

**Form 400-CO****Application For Change Of Operator**

Mail Application To:

SCAQMD

P.O. Box 4944

Diamond Bar, CA 91765

Tel: (909) 396-3385

**www.aqmd.gov****Note:** A Change Of Operator Permit can only be issued if **BOTH** of the following conditions apply:

- ① The existing permit is still **active** or can be **reinstated** to an active status; AND  
② The equipment is operated at the same location as listed in the existing permit.

<b>Section A: Previous Operator's Information</b>																			
1. Business Name of Operator <u>As It Appears</u> on the Permit: Pacific Energy Resources, Ltd.		2. Current AQMD Facility ID# (Available on Permit or Invoice issued by AQMD): 151178 <u>166037</u>																	
<b>Section B: New Operator's Information</b>																			
3. Business Name of Operator <u>As It Should Appear</u> on the Permit: Beta Offshore																			
4. Owner's Business Name (If different from Business Name of Operator):																			
<b>Section C: Equipment Location Address</b>		<b>Section D: Permit Mailing Address</b>																	
5. Equipment Site Location Address: (For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site) OCS Lease Parcels P300/P301 (Federal Waters) Street Address City: _____ CA, _____ State: _____ Zip Code: _____ County: <input type="radio"/> Los Angeles <input type="radio"/> Orange <input type="radio"/> San Bernardino <input type="radio"/> Riverside Contact Name: Marina Robertson Contact Title: HSE Manager Phone: (562) 628-1526 Fax: (562) 628-1536 E-Mail: mrobertson@betaoffshore.c		6. Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address 111 West Ocean Blvd., Ste. 1240 Street Address City: Long Beach CA 90802 State: _____ Zip Code: _____ Contact Name: Marina Robertson Contact Title: HSE Manager Phone: (562) 628-1526 Fax: (562) 628-1536 E-Mail: mrobertson@betaoffshore.c																	
<b>Section E: Facility Business Information</b>																			
7. What business is conducted at this equipment site location? Crude Oil and Natural Gas Production		8. What is your primary NAICS Code (North American Industrial Classification System)? 211111																	
9. Are you a small business as per AQMD's Rule 102 definition (10 employees or less and total gross receipts are \$500,000 or less or a not-for-profit training center)? <input checked="" type="radio"/> No <input type="radio"/> Yes																			
<b>Section F - Information on Permit to be Transferred to New Operator</b>																			
10. Is this Change of Operator a full or partial transfer of all active permits? <input checked="" type="radio"/> Full <input type="radio"/> Partial																			
<b>FOR NON-RECLAIM APPLICATION</b>		<b>FOR RECLAIM APPLICATION</b> RECLAIM Application No: <u>503608/9/c</u>																	
11. Application number:		13. For RECLAIM Facilities: Also submit Form 2007-1, Form 2007-2 and if applicable, Form 2007-3, together with a separate filing fee for the transfer of RTC's as per Rule 301(0)(9). Device number or range of device numbers for the permitted item: <u>D93</u> <b>Please be advised that you are applying to take over the operation of all or part of a RECLAIM facility and if any previous Facility Permit holder is found to have violated AQMD Rule 2004(d) - Prohibition of Emissions in Excess of Annual Allocation, during time periods prior to this change of operator, your facility Allocation will be reduced by the amount of excess emissions, as provided under Rule 2010(b)(1).</b>																	
12. Permit Number: (Please attach a copy)																			
<b>Section G - Signature and Authorization for Change of Operator</b>																			
I HEREBY AGREE TO TRANSFER OWNERSHIP OF THE PERMITTED EQUIPMENT AS SPECIFIED ABOVE, FOR THIS FACILITY, TO THE NEW LEGAL OPERATOR, IDENTIFIED IN SECTION B.																			
Previous Operator	14. Signature of Responsible Official: <u>[Signature]</u> 15. Title of Signer: VP and Manager of Beta Operations	16. Date: <u>5-14-10</u> 17. Phone: (562) 628-1526	<b>Checklist</b> <input checked="" type="checkbox"/> Form signed? <input checked="" type="checkbox"/> Payment attached? <input checked="" type="checkbox"/> Copy of existing permit attached? <u>11/24/10</u>																
New Operator	18. Signature of Responsible Official: <u>[Signature]</u> 19. Title of Signer: Executive VP and Chief Optg Officer	20. Date: <u>5-17-10</u> 21. Phone: (562) 628-1526																	
<table border="1"><tr><td colspan="2">AQMD USE ONLY</td><td colspan="2">APPLICATION/TRACKING # <u>516037</u></td><td>TYPE <u>B C D</u></td><td>EQUIPMENT CATEGORY CODE <u>040901</u></td><td>FEE SCHEDULE: \$</td><td>VALIDATION <u>11/28/10</u></td></tr><tr><td>ENG. A <u>11/27/10</u></td><td>ENG. A <u>11/27/10</u></td><td>CLASS <u>I III IV</u></td><td>ASSIGNMENT Unit <u>10</u></td><td>CHECK/MONEY ORDER <u>2072</u></td><td>AMOUNT \$ <u>17903</u></td><td colspan="2">Tracking # <u>90903</u></td></tr></table>				AQMD USE ONLY		APPLICATION/TRACKING # <u>516037</u>		TYPE <u>B C D</u>	EQUIPMENT CATEGORY CODE <u>040901</u>	FEE SCHEDULE: \$	VALIDATION <u>11/28/10</u>	ENG. A <u>11/27/10</u>	ENG. A <u>11/27/10</u>	CLASS <u>I III IV</u>	ASSIGNMENT Unit <u>10</u>	CHECK/MONEY ORDER <u>2072</u>	AMOUNT \$ <u>17903</u>	Tracking # <u>90903</u>	
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S.C.A.O.M.D.  
ENGINEERING

10 NOV -4 A839

S.C.A.O.M.D.  
REVENUE RECEIVING

10 NOV 23 A10:40

S.C.A.O.M.D.  
ENGINEERING  
10 NOV 24 A10:56

10 JUL 28 A1:11  
S.C.A.O.M.D.  
PERMIT PROCESSING

## SCAQMD PERMIT PROCESSING SYSTEM (PPS)

## FEE DATA - SUMMARY SHEET

Application No : 516037

IRS/SS No:

Previous Application No: 485767

Previous Permit No: G10425

Company Name : BETA OFF SHORE

Facility ID: 166073

Equipment Street: OCS LEASE PARCELS P300/P301, HUNTINGTON BEACH CA 92648

Equipment Desc: I C E (50-500 HP) N-EM STAT DIESEL

Equipment Type: BASIC

Fee Charged by: B-CAT

B-CAT NO.: 040901

C-CAT NO: 00

Fee Schedule: B

Facility Zone: 18

Deemed Compl. Date: 12/2/2010

Public Notice: NO

Evaluation Type: CHANGE OF OPERATOR (PO)

Small Business: ☐

Disposition: Approve PO, Recommended by Engineer

Higher Fees for Failing  
to Obtain a Permit: ☐

Lead Appl. No:

Identical Permit Unit: ☐

Air quality Analysis	\$0.00	Filing Fee Paid:	\$0.00
E.I.R	\$0.00	Permit Processing Fee Paid:	\$501.26
Health Risk Assessment	\$0.00	Permit Processing Fee Calculated*:	\$501.26
Significant Project	\$0.00	Permit Processing Fee Adjustment:	\$0.00
Expedited Processing	Hours: 0.00 \$0.00		
Source Test Review	Hours: 0.00 \$0.00		
Time & Material	Hours: 0.00 \$0.00		
		Total Additional Fee:	\$0.00
		Additional Charge:	\$0.00

COMMENTS:

RECOMMENDED BY: C S BHATT

DATE: 02/18/2011

REVIEWED BY: 

DATE: MAR 9 2011

\* ADJUSTED FOR SMALL BUSINESS, IDENTICAL EQUIPMENT AND P/O NO P/C PENALTY

## SCAQMD PERMIT PROCESSING SYSTEM (PPS)

**AEIS DATA SHEET**

Company Name : BETA OFF SHORE

Facility ID : 166073

Equipment Address : OCS LEASE PARCELS P300/P301  
HUNTINGTON BEACH CA 92648

Application Number : 516037

Equipment B-Cat : 040901

Estimated Completion Date : 02/18/11

Equipment C-Cat :

Equipment Type : Basic

Equipment Description : I C E (50-500 HP) N-EM STAT DIESEL

**Emissions**

Emittants	R1 LB/HR	R2 LB/HR
CO	0.04	0.04
NOX	0.20	0.20
PM10	0.01	0.01
ROG	0.02	0.02

**Applicable Rules**

1110.2	07/09/2010	Emissions from Gaseous-and Liquid-fueled Engines
1183	03/12/1993	Outer Continental Shelf (OCS) Air Regulations

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Daily Start Times :	08:00	08:00	08:00	08:00	08:00	08:00	08:00
Daily Stop Times :	09:24	09:24	09:24	09:24	09:24	09:24	09:24

User's Initials : CB05

Date: 02/18/11

Supervisor's Name : \_\_\_\_\_

Review Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## NSR DATA SUMMARY SHEET

Application No: 516037  
Application Type: Change of Ownership  
Application Status: PENDAPPRV  
Previous Apps, Dev, Permit #: 485767, 0 - , , NONE

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Company Name: BETA OFF SHORE  
Company ID: 166073  
Address: OCS LEASE PARCELS P300/P301, HUNTINGTON BEA  
RECLAIM: NOX  
RECLAIM Zone: 01  
Air Basin: SC  
Zone: 18  
Title V: NO

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Device ID: 0 -  
Estimated Completion Date:  
Heat Input Capacity: 0 Million BTU/hr  
Priority Reserve: NONE - No Priority Access Requested  
Recommended Disposition: 31 - PERMIT TO OPERATE GRANTED  
PR Expiration:  
School Within 1000 Feet: NO  
Operating Weeks Per Year: 52  
Operating Days Per Week: 7  
Monday Operating Hours: 08:00 to 10:00  
Tuesday Operating Hours: 08:00 to 10:00  
Wednesday Operating Hours: 08:00 to 10:00  
Thursday Operating Hours: 08:00 to 10:00  
Friday Operating Hours: 08:00 to 10:00  
Saturday Operating Hours: 08:00 to 10:00  
Sunday Operating Hours: 08:00 to 10:00

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Emittant: CO  
BACT:  
Cost Effectiveness: NO  
Source Type: MINOR  
Emis Increase: 0  
Modeling: N/A  
Public Notice: N/A  
CONTROLLED EMISSION  
Max Hourly: 0.04 lbs/hr  
Max Daily: 0.06 lbs/day  
UNCONTROLLED EMISSION  
Max Hourly: 0.04 lbs/hr  
Max Daily: 0.06 lbs/day  
CURRENT EMISSION  
BACT 30 days Avg: 0 lbs/day  
Annual Emission: 20.38 lbs/yr  
District Exemption: None

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Emittant: NOX  
BACT:  
Cost Effectiveness: NO  
Source Type: MAJOR  
Emis Increase: 0  
Modeling: N/A  
Public Notice: N/A  
CONTROLLED EMISSION  
Max Hourly: 0.2 lbs/hr  
Max Daily: 0.28 lbs/day  
UNCONTROLLED EMISSION  
Max Hourly: 0.2 lbs/hr  
Max Daily: 0.28 lbs/day  
CURRENT EMISSION  
BACT 30 days Avg: 0 lbs/day  
Annual Emission: 101.92 lbs/yr  
District Exemption: None

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Emittant: PM10  
BACT:  
Cost Effectiveness: NO  
Source Type: MINOR  
Emis Increase: 0  
Modeling: N/A  
Public Notice: N/A  
CONTROLLED EMISSION  
Max Hourly: 0.01 lbs/hr  
Max Daily: 0.01 lbs/day  
UNCONTROLLED EMISSION  
Max Hourly: 0.01 lbs/hr  
Max Daily: 0.01 lbs/day  
CURRENT EMISSION  
BACT 30 days Avg: 0 lbs/day  
Annual Emission: 5.1 lbs/yr  
District Exemption: None

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Emittant: ROG  
BACT:  
Cost Effectiveness: NO  
Source Type: MINOR  
Emis Increase: 0  
Modeling: N/A  
Public Notice: N/A  
CONTROLLED EMISSION  
Max Hourly: 0.02 lbs/hr  
Max Daily: 0.03 lbs/day  
UNCONTROLLED EMISSION  
Max Hourly: 0.02 lbs/hr  
Max Daily: 0.03 lbs/day  
CURRENT EMISSION  
BACT 30 days Avg: 0 lbs/day  
Annual Emission: 10.19 lbs/yr  
District Exemption: None

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Emittant: SOX  
BACT:  
Cost Effectiveness: NO  
Source Type: MINOR  
Emis Increase: 0  
Modeling: N/A  
Public Notice: N/A  
CONTROLLED EMISSION  
Max Hourly: 0 lbs/hr  
Max Daily: 0 lbs/day  
UNCONTROLLED EMISSION  
Max Hourly: 0 lbs/hr  
Max Daily: 0 lbs/day  
CURRENT EMISSION  
BACT 30 days Avg: 0 lbs/day  
Annual Emission: 0 lbs/yr  
District Exemption: None

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SUPERVISOR'S APPROVAL: \_\_\_\_\_ SUPERVISOR'S REVIEW DATE: \_\_\_\_\_

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Processed By: chandrab 2/23/2011 4:26:14 PM